

## **BLOODBORNE PATHOGENS AND UNIVERSAL PRECAUTIONS**

### **STATEMENT OF PURPOSE:**

All schools are required to have a bloodborne pathogens exposure control plan. Universal precautions are to be utilized with all students and with any exposure to blood or bodily fluids.

### **AUTHORIZATION/LEGAL REFERENCE:**

- 21 V.S.A. Chapter 3 § 201 – Occupational policy
- 21 V.S.A. Chapter 3 § 224 – Rules and standards
- 29 CFR 1910.1030 – Bloodborne Pathogens

### **DEFINITION:**

**Bloodborne Pathogens Exposure Control Plan** - A plan which defines the employees who may incur occupational exposure to blood or other potentially infectious materials, the response to possible contamination and hazards and section on training.

### **SUGGESTED SCHOOL NURSE/ASSOCIATE SCHOOL NURSE ROLES:**

1. Review and revise as needed the school's bloodborne pathogens exposure control plan.
2. Develop safe practices for disposal of needles, other sharps and contaminated waste.
3. Develop protocol for use of protective equipment for cleaning of blood and body fluid spills and proper disposal of same.
4. Ensure that the sink used for cleaning of blood injuries is located away from refrigerator, medicine cabinet and any eating surfaces.
5. Develop protocol with administration and athletic director for response to injuries involving blood during athletic events.
6. Collaborate with administration to provide annual training as required by OSHA.
7. Provide information to students/staff about safe practices when injuries occur on the school grounds or school bus.

### **RESOURCES:**

Vermont Department of Occupational Safety and Health (VOSHA) -  
<http://www.state.vt.us/labind/vosha.htm>

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**SAMPLE POLICIES, PROCEDURES AND FORMS:**

- Sample HIV Policy
- Universal Precautions Guidelines in School Setting
- Bloodborne Pathogens Sample Exposure Control Plan

## **Sample Comprehensive HIV\* Policy for Schools: Pre-K - 12**

### **Includes:**

- **General Provisions**
- **Confidentiality, Disclosure, and Testing**
- **Education and Instruction**
- **Exposure to Bloodborne Pathogens and Universal Precautions**
- **Enforcement**
- **Appendices:**
  - **Procedures for Maintaining Confidentiality and Sample Written Consent Form**
  - **Universal Precautions**
  - **Annotated Legal References**
  - **Resources for HIV/AIDS Assistance and Information**

## Comprehensive HIV Policy for Schools: Pre-K - 12

The Human Immunodeficiency Virus is not transmitted through casual contact and, therefore, is not reason in itself to treat individuals having or perceived as having HIV differently from other members of the school community. Accordingly, with respect to HIV disease, including acquired immune deficiency syndrome (AIDS), the \_\_\_\_\_ School District recognizes:

- the rights of students and employees with HIV,
- the importance of maintaining confidentiality regarding the medical condition of any individual,
- the importance of an educational environment free of significant risks to health, and
- the necessity for HIV education and training for the school community and the community-at-large.

### A. General Provisions:

1. The school district shall not discriminate against or tolerate discrimination against any individual who has or is perceived as having HIV.
2. A student who has or is perceived as having HIV is entitled to attend school in a regular classroom, unless otherwise provided by law, and shall be afforded opportunities on an equal basis with all students.
3. No applicant shall be denied employment and no employee shall be prevented from continued employment on the basis of having or being perceived as having HIV. Such an employee is entitled to the rights, privileges, and services accorded to employees generally, including benefits provided school employees with long-term diseases or disabling conditions.

### B. Confidentiality, Disclosure and Testing:

#### Provisions Reflecting Present Legal Requirements

1. A student or student's parent/guardian, or an applicant/employee may, but is not required to, report HIV status to any school personnel.
2. Except as otherwise permitted by law, no school personnel shall disclose any HIV-related information, as it relates to prospective or current school personnel or students, to anyone except in accordance with the terms of a written consent. The superintendent shall develop a written consent form (see Appendix A) which details the information the signatory permits to be disclosed, to whom it may be disclosed, its specified time limitation, and the specific purpose for the disclosure. The school district shall not discriminate against any individual who does not provide written consent.
3. No school official shall require any applicant, employee, or prospective or current students to have any HIV-related test.

#### Additional Provisions for Consideration

1. The superintendent shall develop procedures which ensure confidentiality in the maintenance and, where authorized, dissemination of all medically-related documents. (See Appendix A.)

### C. Education and Instruction

#### Provisions Reflecting Present Legal Requirements

1. HIV is not, in itself, a disabling condition, but it may result in conditions that are disabling. To the extent that a student who has HIV is determined to meet the criteria for eligibility for accommodations under state and
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federal non-discrimination laws or for special education services, the school district shall meet all procedural and substantive requirements.

2. The school district shall provide systematic and extensive elementary and secondary comprehensive health education which includes education on HIV infection, other sexually transmitted diseases as well as other communicable diseases, and the prevention of disease, as required by state law.

#### **Additional Provisions for Consideration**

1. The school district shall provide age-appropriate, ongoing HIV instruction, in accordance with the Vermont Department of Education *Guidelines for the Development of an HIV/AIDS Education Program in Vermont Schools*. This instruction shall include current HIV epidemiology, methods of transmission and prevention, universal precautions, and psycho-social aspects of HIV as part of a skills-based comprehensive health education program and through its integration into other subject areas.
2. The superintendent shall designate a coordinator to oversee the district's HIV education plans and programs.
3. The school board shall establish a comprehensive health education community advisory council to assist the school board in developing and implementing comprehensive health education including HIV education. The school board shall provide public notice to the community to allow all interested parties to apply for appointment. The school board shall endeavor to appoint members who represent various points of view within the community regarding comprehensive health education.
4. The superintendent or his/her designee shall create a plan to ensure that all school employees, including newly hired staff, receive training regarding current HIV epidemiology, methods of transmission and prevention, universal precautions, psycho-social aspects of HIV, related school policies and procedures, and where appropriate, teaching strategies. The superintendent shall report annually to the school board regarding implementation of this plan.
5. The school district shall provide for parents, families, students and the community, opportunities for education, discussion, and the development of recommendations about a systematic and comprehensive HIV prevention plan (including the promotion of abstinence, condom availability, and compassion for people living with the disease). Educators, administrators, and health professionals shall be involved in such activities.

#### **D. Exposure to Bloodborne Pathogens and Universal Precautions:**

##### **Provisions Reflecting Present Legal Requirements**

1. The school district shall comply with applicable Vermont Occupational Safety and Health Administration (VOSHA) rules in order to protect employees who are reasonably anticipated to be exposed to bloodborne pathogens as part of their regular job duties.
2. The superintendent or his/her designee shall determine those employees (by job class and possibly by task or procedure) who are reasonably anticipated to have occupational exposure to blood or other potentially infectious materials as part of their duties. These employees will be protected in strict accordance with the provisions of the Bloodborne Pathogens Standards.

#### **E. Enforcement:**

##### **Provisions Reflecting Present Legal Requirements**

1. A person who violates this policy may be subject to remedial and/or disciplinary action in accordance with applicable laws, collective bargaining agreements, policies, and/or disciplinary codes.
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### **Additional Provisions for Consideration**

1. Students and all staff not covered by the Bloodborne Pathogens Standard shall be instructed to avoid contact with potentially infectious materials and blood and shall immediately contact a member or the staff who is covered by the exposure control plan. When this is not possible, any person providing assistance shall follow universal precautions (see Appendix B).
2. The superintendent or his/her designee shall provide training to all staff and students about: the hazards of bloodborne pathogens; the recommended operating procedures of universal precautions; the existence of the VOSHA required exposure control plan; individuals or job classes to be notified in order to safely handle or clean up a blood or other body fluid spill safely; and the location and use of appropriate protective equipment and first aid devices.
3. The superintendent or his/her designee shall provide training on the recommended operating procedures of universal precautions to teaching substitutes and school volunteers.

Legal References:

(See Appendix for Annotated Legal References)

1 V.S.A. § 317(b)(7) and (11)

Section 504 of the Rehabilitation Act of 1973

18 V.S.A. § 1127

Individuals with Disabilities Education Act (IDEA)

Title VI, Civil Rights Act of 1964, and as amended by the Equal Employment Act of 1972

American with Disabilities Act, P.L. 101-355 (1990)

16 V.S.A. § 131 et seq., § 906

Occupational Safety and Health Act of 1970

Occupational Exposure to Bloodborne Pathogens Standard (29 C.F.R. § 1910.1030

21 V.S.A. § 201©(2) and § 224

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## **Appendices:**

### **Appendix A**

Procedures for Maintaining Confidentiality and Sample Written  
Consent Form

### **Appendix B**

Universal Precautions

### **Appendix C**

Annotated Legal References

### **Appendix D**

Resources for HIV/AIDS Assistance Information

### **Procedures for Maintaining Confidentiality**

To maintain an atmosphere of trust with staff members, students, families, and the community, a policy that encourages confidentiality is essential. It is important that people who have the Human Immunodeficiency Virus (HIV) and their families feel certain that their names will not be released against their wishes to others without a need to know. A policy on confidentiality that is strictly enforced will also provide protection to the school district from legal action and from potentially adverse reactions that might result.

To promote confidentiality and to avoid the violation of state and federal laws that protect the confidentiality of medical records, the following procedures are suggested:

1. All medical information in any way relating to the HIV status of any member of the school community, including written documentation of discussions, telephone conversations, proceedings, and meetings shall be kept in a locked file. Access to this file shall be granted only to those persons identified in writing by the student or student's parent/guardian, or the employee, as having a direct need to know. Filing and photocopying of related documents may be performed only by persons named in the written consent.
  2. No medical information shall ever be faxed.
  3. Medically-related documents that are to be mailed shall be marked "Confidential." Names of persons mailing documents and those receiving the documents shall be identified on the written consent form by the student or student's parent/guardian, or the applicant/employee.
  4. A written consent form shall be completed prior to each disclosure and release of HIV-related information (sample attached).
  5. Each disclosure made shall be noted in the student or employee's personal file. The list of such disclosures shall be made available to the student, parent/guardian, or employee upon request.
  6. Schools shall comply with Vermont Occupational Safety and Health Administration (VOSHA) rule §1910.20 which concerns maintenance of and access to employee medical records. [Note: §1910.20 is incorporated by reference into §1910.1030 (h).]
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### Sample Written Consent Form for Each Release of Confidential HIV\*Related Information

Confidential HIV-Related Information is any information that a person had and HIV-related test, has HIV infection, HIV-related illness or AIDS\*, or has been potentially exposed to HIV. If you sign this form, HIV-related information can be given to the people listed and for the reasons listed below.

Name and address of person whose HIV-related information can be released:	
Name and address of person signing this form (if other than above):	
Relationship to person whose HIV-related information may be released:	
Name, title or role, and the address of each person who may be given HIV-related information (include names of persons responsible for photocopying and filing confidential information):	
1.	
2.	
3.	
4.	
5.	
Additional names and addresses can be attached or listed on back.)	
Information to be provided: (Check as many as apply.)	
<input type="checkbox"/> HIV antibody test result	
<input type="checkbox"/> AIDS diagnosis	
<input type="checkbox"/> summarized medical record	
<input type="checkbox"/> details of symptoms, signs, and/or diagnostic results (specify: _____)	
<input type="checkbox"/> psychiatric, other mental health, and/or developmental evaluation records (specify: _____)	
<input type="checkbox"/> names of medical care and/or support service providers (specify: _____)	
<input type="checkbox"/> infection status of other family members [Requires written consent]	
<input type="checkbox"/> student's instructional program	
<input type="checkbox"/> other (specify: _____)	
Specific purpose(s) for release of HIV-related information	
Time during which release of information is authorized: (A specific time must be noted for each single incidence of release of HIV-related information. Use a new form for each incident.)	
From:	To:

Any disclosure of information not meeting the conditions listed above is expressly prohibited. Disclosure to any other persons than those listed above requires my informed, written consent.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Human Immunodeficiency Virus (HIV) that causes Acquired Immune Deficiency Syndrome (AIDS)

**Annotated Legal References**

1. 1 V.S.A §317 (7) and (11) - Subsections (7) and (11) are two exceptions to the Vermont law requiring disclosure of public records. Subsection (7) deals with medical records of employees and subsection (11) deals with student records at public schools.
  2. Section 504 of the Rehabilitation Act (29 U.S.C. §794) - This federal law (popularly known as "Section 504") prohibits discrimination against persons with disabilities by entities receiving federal funds.
  3. 18 V.S.A. §112 7 - This Vermont public health law prohibits school districts from requiring HIV testing of any applicant, or prospective or current students and prohibits discrimination against an applicant, or prospective or current student on the ground that the person has tested HIV positive.
  4. 21 V.S.A. §495(a)(6) and (7) - These provisions prohibit employers, employment agencies, labor organizations and persons seeking employees from discriminating against persons who have a positive test result on an HIV-related blood test and from requiring employees or prospective employees to take an HIV-related blood test as a condition of employment, membership, classification, placement or referral.
  5. Individuals with Disabilities Education Act (20 U.S.C. §1400, et seq.) - This federal law (popularly known as "IDEA" or "P.L. 94-142") requires states and school districts to provide special education and related services to eligible students with disabilities.
  6. Title VI, Civil Rights Act of 1964 as amended by the Equal Employment Act of 1972 (42 U.S.C. §§2000d and 2000e) - These federal provisions authorize enforcement of Section 504 through the federal courts by clarifying that 11<sup>th</sup> Amendment immunity is unavailable in such cases and makes available administrative remedies to aggrieved parties. Further, these provisions provide the enforcement mechanisms for violations of the Americans with Disabilities Act.
  7. Americans with Disabilities Act (42 U.S.C. §12101, et seq.) - This federal law (popularly known as the "ADA") prohibits discrimination in, among other areas, employment and education on the basis of a disability.
  8. 16 V.S.A. §131, et seq. and 16 V.S.A. §906 - These Vermont laws require each public and independent school to provide students with a minimum course of study in "comprehensive health education," including education on "HIV infection, other sexually transmitted diseases, as well as other communicable diseases, and the prevention of disease." Additionally, these laws permit the appointment of a community advisory council to assist school boards in developing and implementing comprehensive health education programs.
  9. Occupational Safety and Health Act of 1970 - This federal law (popularly known nationally as "OSHA" and in Vermont as "VOSHA") requires safe working conditions in places of employment. In particular, 29 U.S.C. §§653, 655, and 657 form the basis for the issuance of OSHA regulations on dealing with bloodborne pathogens in the workplace.
  10. Occupational Exposure to Bloodborne Pathogens Standard (29 C.F.R. §1910.1030) - This federal regulation requires employers to develop and maintain a written Exposure Control Plan concerning bloodborne pathogens and requires the taking of "universal precautions."
  11. 21 V.S.A. §§201 and 224 - These state statutes make Vermont law on Occupational Safety and Health consistent with the federal Occupational Safety and Health Act of 1970 (see paragraph #9 above).
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## Resources for HIV/AIDS Assistance and Information

## State Resources

Vermont Department of Education

**(802) 828-5151**

For local assistance, contact the Health Education Resource Center nearest you:

Brattleboro - **(802) 254-4511**

Colchester - **(802) 854-4789**

St. Johnsbury - **(802) 748-8640**

Vermont Department of Health (Hotline)

**800-882-AIDS**

The Hotline provides information and referral about all HIV-related issues.

Vermont Occupational Safety and Health Administration (VOSHA)

**800-640-0601**

A division of the State Health Department that supports and regulates workplace safety.

## American Red Cross Vermont Chapters

Serve all groups. Wide variety of informational resources available at low or no cost, including videos, curricula, and public health materials. Speakers and trainings also available. Subjects covered include: HIV transmission and prevention, AIDS in the workplace, confidentiality, universal precautions, bloodborne pathogens and exposure control planning, and first aid.

- Green Mountain - **(802) 442-9458** (Bennington)
- Northern Vermont - **800-660-9130**
- Central Vermont - **(802) 223-3701**
- Orleans Upper Essex - **(802) 334-8065**
- Windham Area - **(802) 254-2377**

## AIDS Service Organizations

These organizations may provide some of the following services: Educational programs and training, speaker's bureaus, support and services for people affected by HIV/AIDS; and/or community advocacy. Contact the organization closest to you.

AIDS Community Resource Network (ACORN)  
serving Windsor and Orange Counties  
**(603) 448-2220**

AIDS Community Awareness Project (ACAP)  
serving Caledonia, Essex and Orleans Counties  
**(802) 748-1149** (St. Johnsbury)

Bennington Area AIDS Project  
serving Bennington County  
**800-845-AIDS**

Brattleboro Area AIDS Project  
serving Windham and Southern Counties  
**(802) 254-4444**

Vermont C.A.R.E.S.  
serving Chittenden, Addison, Rutland, Lamoille,  
Washington, Frankly, and Grand Isle Counties  
**(802) 863-AIDS** (Office and general hotline)

Vermont PWA (People With AIDS) Coalition  
**800-698-8792 or (802) 222-5123**  
The Coalition is a statewide organization of and for people living with HIV. The Coalition frequently provides HIV+ speakers for schools.

## Universal Precautions in the School Setting

*Reduce risk of exposure to bloodborne pathogens by using universal precautions to prevent contact with blood and body fluids. \**

### Begin by attending to the injured person:



Whenever blood and body fluids are present, a barrier (latex rubber gloves\*\*, thick layer of paper towels, or cloth) should be used to minimize exposure of the attending person while the injury is cleansed and/or dressed.



Soiled clothes of the injured person must be bagged to be sent home.

Place waste in a plastic bag for disposal.

Remove gloves and dispose in plastic bag



Thoroughly wash hands with soap.

### Clean and disinfect environmental surfaces:



Whenever cleaning and disinfecting environmental surfaces in which blood and body fluids are present, a barrier (rubber utility gloves durable enough to withstand environmental cleaning and disinfecting, thick layer of paper towels, or cloth) should be placed between the blood and the attending person.



Disinfect the affected area(s) and cleaning tools with a commercial tuberculocidal disinfectant (mixed according to manufacturer's specifications) or bleach solution (approximately 1/4 cup common household bleach per gallon of tap water, mixed fresh daily).<sup>2</sup> The affected surface being disinfected should remain wet for several minutes.



Use disposable paper towels or other disposable materials to remove blood and body fluids.



Secure all waste in a plastic bag for disposal.

### Clean up for attending person:



Remove gloves, dispose and secure in a plastic bag.



If running water and soap are not immediately available, a waterless antiseptic cleaner or moist towelette may be used until hands can be thoroughly washed (use of antiseptic cleaner or towelette is NOT a substitute for handwashing). **WASH HANDS AS SOON AS POSSIBLE.**



Immediately apply soap. Thoroughly wash hands with soap by rubbing hands together (avoid scrubbing hands). Pay particular attention to fingertips, nails and jewelry. Rinse with fingers pointing downward.

<sup>2</sup> Centers for Disease Control and Prevention Guideline for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-care and Public Safety Workers. MMWR Vol. 38/No. S-6:1-37, 1989.

\* Body fluids that contain blood.

\*\* Non-latex gloves should be available for any staff member who has a known latex allergy.

*Notice of Non-Discrimination | North Dakota Department of Public Instruction | September 1, 2003*

*The Department of Public Instruction does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities.*

*John Dasovick, the individual in the following position has been designated to handle inquiries regarding the non-discrimination policies:*

*Assistant Director, USDA Food Distribution Programs, Office of Child Nutrition*

*600 E Boulevard Avenue, Dept. 201*

*Bismarck, ND 58505-0440*

*Telephone No. 1-701-328-2260*

Supported by the Centers for Disease Control and Prevention: Cooperative Agreement U87/CCU822621-01

BLOODBORNE PATHOGENS & UNIVERSAL PRECAUTIONS  
**BLOODBORNE PATHOGENS SAMPLE EXPOSURE CONTROL PLAN**

In accordance with the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030, the following exposure control plan has been developed:

## **1. Exposure Determination**

OSHA requires employees to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. Exposure may be by one or more of the following routes: skin, eye, mucous membrane and parenteral contact. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At this facility the following job classifications are in this category:

### Job Classification

Sally Doe, School Nurse  
Wye Nona, Principal  
Hilary Mountain, Secretary - School Nurse Designee  
Greg Outahere, Resource Room Teacher

### Tasks/Procedures

1. Rendering medical care for school students, staff and visitors.
2. Cleaning and disposal of body fluids.

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, tasks or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

1. School nurses who provide physical care in which blood is present (suctioning, first aid, immunizations, etc.).
  2. Teachers and aides of students who have serious medical or behavior problems and require care that increases the risk of exposure to blood or serious secretions.
  3. First aid providers. This may include physical education teachers, coaches and trainers.
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## **Guidelines for the Development of Bloodborne Pathogens Exposure Control Plan in a School District**

An addendum to the sample plan. The numbers and page references are to the sample plan.

### **1. Exposure Determination**

Through review of job requirements and past exposure experiences the district should determine those employees with reasonable expected exposure to blood and other potentially infectious materials in the performance of their regular duties. Exposure may be by one or more of the following routes: skin, eye, mucous membrane and parenteral contact.

Examples of occupational groups in schools may include:

1. School nurses who provide physical care in which blood is present (suctioning, first aid, immunizations etc.)
2. Teachers and aides of students who have serious medical or behavior problems and require care that increases the risk of exposure to blood or serious secretions.
3. First aid providers. This may include physical education teachers, coaches and trainers.
4. Custodians who clean and dispose of bloody wastes from classrooms and first aid rooms.

Individual job duties may be considered when determining those employees at risk.

Tasks and procedures in which occupational exposure may occur include: response to injury and/or illness, personal and or health care procedures and cleaning of blood waste.

In order to limit the number of employees with occupational exposure schools may want to designate first aid providers who will be assigned to high risk areas.

For workers whose exposure to blood is infrequent, timely post-exposure prophylaxis should be considered rather than routine pre-exposure vaccination. (MMWR November 22, 1991)

### **2. Implementation Schedule and Methodology**

See attached - Sample:      Universal Precautions in Schools

### **3. Annual training as outlined in the sample plan (pg. 7) requires for all employees determined to be at risk for occupational exposure.**

Training which includes epidemiology and modes of transmission of bloodborne pathogens and general infection control procedures through universal precautions is recommended for all employees.

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#### **4. Hepatitis B vaccine, Post Exposure Procedures and Record Keeping**

See attached sample forms.

If employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as appropriate as soon as feasible following contact.

#### **Needles**

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At this facility recapping or removal is only permitted for the following procedure:

Use one-handed technique with repeating injection procedure.

#### **Containers for Reusable Sharps**

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. At this facility the sharps containers are puncture resistant, labeled with a biohazard label, and are leak proof.

Sharps container located in nurse's room.

Container checked on weekly basis. Full containers will be taken to the Rutland Regional Medical Center Emergency Department for proper disposal. (See Appendix #2, Protocol)

#### **Work Area Restrictions**

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Method which will be employed at this facility to accomplish this goal is:

Designated sink is located away from refrigerator and medicine cabinets.

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## **Specimens**

Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

The container used for this purpose will be labeled or color coded in accordance with the requirements of the OSHA standard.

Urine samples will be collected in plastic cups.

Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.

Plastic specimen cups placed in plastic bag in garbage receptacle for disposal.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

## **Contaminated Equipment**

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

N/A

## **Personal Protective Equipment**

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Protective clothing will be provided to employees in the following manner:

### Personal Protective Equipment

Protective eyewear (with solid side shield)

Surgical gown

Playtex utility gloves

Latex examination gloves

Protective gowns with profuse bleeding situation.

This facility will be cleaned and decontaminated according to the following schedule:

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As needed.

Decontamination will be accomplished by utilizing the following materials:

1. 1-10 bleach solution; fresh daily supply.
2. Playtex gloves.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regularly scheduled basis - weekly or as needed by school nurse or designee.

Any broken glassware which may be contaminated will not be picked up directly with the hands. The following procedure will be used:

Dust pan and broom.

### **Regulated Waste Disposal**

All contaminated sharps shall be discarded as soon as feasible in sharps containers which are located in the facility. Sharps containers are located in the nurse's room.

Regulated waste other than sharps shall be placed in appropriate containers. Such are located in the nurse's room in a plastic-lined garbage receptacle.

### **Laundry Procedures**

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the areas of use.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Laundry at this facility will be cleaned at the washer and dryer located in the school.

### **Hepatitis B Vaccine**

All employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or who wishes to submit to antibody testing which shows the employee to have sufficient immunity.

See Appendix #3 and Appendix #4.

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Employees who decline the hepatitis B vaccine will sign a waiver which uses the wording in Appendix A of the OSHA standard.

See Appendix #5

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost.

Administrator and/or designee

### **Post-Exposure Evaluation and Follow-Up**

When the employee incurs an exposure incident, it should be reported to the school nurse and administrator.

All employees who incur an exposure incident will be offered post exposure evaluation and follow-up in accordance with the OSHA standard.

This follow-up will include the following:

- Documentation of the route of exposure and the circumstances related to the incident.
  - If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity.
  - Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identify and infectivity of the source individual.
  - The employee will be offered the option of having their blood collected for testing of the employees HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will or will not be conducted then the appropriate action can be taken and the blood sample discarded.
  - The employee will be offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service. These recommendations are currently as follows:
    1. Exposure site cleansing as necessary.
    2. Referral to health facility.
    3. Up-to-date tetanus status.
    4. Hepatitis B vaccination series.
    5. Gamma globulin injection will be given if the status of the source individual is known or suspicious of being Hepatitis B positive.
    6. See Appendix #6.
  - The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given
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## BLOODBORNE PATHOGENS & UNIVERSAL PRECAUTIONS

information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

- The following person has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy:

School nurse.

### **Interaction with Health Care Professionals**

A written opinion shall be obtained from the health care professional who evaluates employees of this facility. Written opinions will be obtained in the following instances:

1. When the employee is sent to obtain the Hepatitis B vaccine.
2. Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit their opinions to:

1. Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
2. That the employee has been informed of the results of the evaluation.
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

See Appendix #7 and Appendix #8.

### **Training**

Training for all employees will be conducted prior to initial assignment to tasks where occupational exposure may occur. Training will be conducted in the following manner:

Training for employees will include an explanation of:

1. The OSHA standard for Bloodborne Pathogens.
2. Epidemiology and symptomatology of bloodborne diseases.
3. Modes of transmission of bloodborne pathogens.
4. This Exposure Control Plan, i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.
5. Procedures which might cause exposure to blood or other potentially infectious materials at this facility.
6. Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials.
7. Personal protective equipment available at this facility and who should be contacted concerning.
8. Post Exposure evaluation and follow-up.
9. Signs and labels used at the facility.
10. Hepatitis B vaccine program at the facility.

See Appendix #9.

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## **Recordkeeping**

All records required by the OSHA standard will be maintained by the school nurse.

## **Dates**

All provisions required by the standard will be implemented by September 1992.

School nurse facilitator/trainer using as resources: public health, local health care professionals, VOSHA, Vermont Department of Health, Vermont Department of Education.

All employees will receive annual refresher training.

In-service at the beginning of each school year.

The outline for the training material is located in the nurse's room.

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